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CONFIRMATION NO. 5687

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| SERIAL NUMBER<br>10/828,866 | FILING DATE<br>04/21/2004<br><br>RULE | CLASS<br>160 | GROUP ART UNIT<br>3634 | ATTORNEY DOCKET NO.<br>DET1725 |
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APPLICANTS  
 Terrence S. Lake, Windsor, CANADA;

\*\* CONTINUING DATA \*\*\*\*\*  
~~None~~ None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
~~None~~ None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 06/26/2004

|  |                               |                        |                       |                            |
|--|-------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature <u>                    </u> Initials <u>                    </u> | STATE OR<br>COUNTRY<br>CANADA | SHEETS<br>DRAWING<br>3 | TOTAL<br>CLAIMS<br>19 | INDEPENDENT<br>CLAIMS<br>3 |
|--|-------------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 30245  
 ANTHONY EDW. J CAMPBELL  
 PO BOX 160370  
 AUSTIN , TX  
 78716

TITLE  
 Removable and adjustable screen

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>385 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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